
Independent Choices Program (ICP) Worker Guide

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ICP overview

- ICP is a Medicaid in-home services program that allows participants to live in their own home and empowers them to self-direct their own service plans and purchase goods and services, enhancing independence, dignity, choice, and well-being.
- Self-direction provides the opportunity to select, direct, and manage needed services and supports. This opportunity offers the participant a wider range of personal choice and financial control over Medicaid paid services supporting a more independent life.
- Advantages of the ICP include but is not limited to:
 - More flexibility in purchasing preferred goods and services.

- More control and flexibility over their budget and how their service needs are met.
 - More flexibility in who may provide their services.
- If an individual is currently receiving other Medicaid waived services but qualifies and would like to participate in the ICP, the change to ICP may require a change of employee provider(s).
- If a participant enrolls in ICP and decides they do not like the program or feels it does not work for them, they may choose to voluntarily disenroll from the program at any time.

ICP case manager (CM) responsibilities

- ICP CM responsibilities are much the same as the responsibilities for other in-home service programs. But there are some additional tasks that are required for CMs when working with a participant of ICP. There are several tools available to CMs on the ICP page on the CM Tools website to assist staff through the enrollment, budget review, and disenrollment process.

ICP Participation Agreement

- CMs are required to review the ICP Participation Agreement with the participants in detail, so the participants understand the risks and responsibilities of ICP and how it differs from other programs. This discussion should occur during the initial decision-making process about the type of in-home services the individual may receive. It is critical that individuals understand their responsibilities before deciding to enroll. The CM must narrate in Oregon ACCESS (OA) that he/she has discussed with the potential participant how ICP differs and the participant's responsibilities.

ICP cash benefit

- CMs need to explain to the participant how the authorized cash benefit is determined. More information about the cash benefit is available in the ICP Cash Benefit section of this guide.

Service plan and service budget

- CMs should assist in the development of the service plan and budget. Once developed, the CM is responsible for reviewing and authorizing service plans and service budgets that meet ICP criteria.

Taxes

- The CM must explain that the participant may not be required (per their bookkeeper/accountant, IRS, or Employment Department) to pay employer taxes (which is part of the cash benefit). Also, CMs must inform participants that they need to check with the IRS and Employment Department to see if their employees will need to pay taxes.
- Additional information about taxes and WBF can be found in this section of this guide.

Six-month budget reviews

- CMs must perform budget reviews to ensure financial accountability and review service budget amendments at least every six months. At six-month reviews, the CM should review the participant's ICP checkbook register, bank statements, and bookkeeping services information. The CM does not need to view the participant's tax returns. W2's can be reviewed as well if a year has gone by since the last review. After the review, the CM must then narrate in detail the financial information reviewed. You will find the Six-Month Budget Review Checklist on the Case Management Tools website ICP page.

Participants as employers

- If a participant previously received services from a homecare worker, the CM must speak with the participant to clarify the differences between homecare workers and employee providers. Employee providers are now covered under collective bargaining agreements between the Service Employees International Union, Local 503 OPEU and the Home Care Commission but do not pay union dues. This means

that employee providers do not currently receive union benefits such as paid leave, health insurance or set minimum wage.

- If, however, the participant is enrolled with contractor Acumen using their payroll services, the provider may now be eligible for benefits under the Benefit Trust that is administered by Carewell-SEIU503. Please note that these benefits are only potentially available to those providers who work for ICP participants that are using Acumen's payroll and EVV services and not for those who only use the EVV service option without payroll services. Staff should direct the employee providers to review the information on www.carewellseiu503.org or call 1-844-503-7348 for further information about these benefits.
- Otherwise, the participant must set and negotiate with his/her provider of choice all the terms of employment including wage rates and hours. It is advisable that the participant document the terms of employment in a job description or other employment agreement.

Natural supports

- CMs must determine if there are natural supports for each participant at the initial review and ongoing reviews. Natural supports would be assessed in ICP just as they are assessed for regular in-home services

Monitoring for health and safety

- CMs must monitor the ongoing health of the participant through ongoing service reviews. As with other Medicaid service programs, re-assessments are due every twelve-months at a minimum, sooner if there are changes in the participant's condition. Monitoring in between the annual reviews is required. The six-month service budget reviews are a good time to monitor health in between annual assessments for individuals who are very stable. More frequent monitoring is expected when the participant's health is fragile, or other issues need closer monitoring for safety and health.

Disenrollment and denials

- Before closing or denying ICP services, the CM must have documented non-compliance with the ICP or reasons for ineligibility. Questions about ICP compliance, eligibility, or notices should be addressed to the APD Central Office ICP Coordinator at icp.spd@odhsoha.oregon.gov.
- If a decision is made by an APD/AAA office to disenroll a participant, the CM must review eligibility for other Medicaid long term care and community-based service options. The CM must send an email to icp.spd@odhsoha.oregon.gov to let the coordinator know of the disenrollment and include the name of the participant, date of disenrollment and the reason for disenrollment. If the participant is eligible for other service options, those options must be offered to the individual.
- The Department must offer additional information, counseling, training (if available), or assistance from an ICP Representative, and have documentation that these steps have been taken, declined, or ineffective before imposing an involuntary disenrollment.

Initial eligibility requirements and enrollment

Eligibility requirements

- Meet all requirements of the in-home services program.
- Develop a service plan and budget to meet the needs identified in the CA/PS2 assessment.
- Sign the ICP Participation Agreement. Eligibility for the ICP cash benefit may not be backdated prior to the date that the signed ICP Participation Agreement is received in the local office.
- Be able to establish a checking account specifically just for ICP within one week of the ICP start date.
- Provide evidence of a stable living situation for the past three months.
- Demonstrate the ability to manage money as evidenced by timely and current housing payments for the past three months or previous

- history before hospitalization, CBC, or NF stays.
- Demonstrate the ability to manage and honor the employee provider responsibilities as outlined in the ICP Participation Agreement.
- Complete enrollment with a department contracted Fiscal Intermediary to provide the required Electronic Visit Verification (EVV) services as required by the Department within one month of the ICP start date.
- Not have a history of misuse of the ICP cash benefit.
- Natural support(s), the service plan, and the service budget must be considered when determining initial eligibility. Natural support means the resources available to the ICP participant including but not limited to relatives, friends, significant others, neighbors, roommates, and the community. Services provided by natural support(s) are resources that are not paid for by APD. Just as in all other programs, if all a person's needs are met by natural support(s), the person is not eligible for Medicaid paid services including ICP.

Participant responsibilities

- To enroll and remain in ICP, participants must handle the following responsibilities:
- Recruit an employee provider(s).
 - Locate, screen, interview, hire, train, pay, and terminate the employee provider(s) as needed.
 - Specify the qualifications of the employee provider(s).
 - Determine the duties of the employee provider(s).
 - Schedule the employee provider(s).
 - Supervise the employee provider(s).
 - Evaluate the performance of the employee provider(s).
 - Negotiate with the employee provider(s) prices for services, supports, or other items.
 - Review and approve invoices from the employee provider(s) or other service provider(s).
 - Manage the ICP cash benefit, accounting, tax, and payroll responsibilities.
- Have a detailed back up plan in case of an emergency such as a

- provider not showing up.
- Ensure that they and their provider(s) are EVV compliant as is federally required

Enrollment process

- Eligibility requirements must be met by the individual to become a participant in the ICP. When enrolling, the participant must complete the ICP Employee Provider(s) Information Form (SDS 0548).
- For participants that are new to ICP, the CM should refer to the ICP Forms Processing Chart on the ICP page or the APD Long Term Services Form Requirements chart on the Client Details, Treatment, Forms, and Misc. LTC Information page for a complete list of required forms ICP.
- When a participant is enrolled in the ICP, the CM must send copies of the following documents to the APD Central Office ICP Coordinator at icp.spd@odhsoha.oregon.gov:
 - SDS 0353 - Workers' Compensation Agreement and Consent
 - SDS 0548 - ICP Employee Provider(s) Information
 - SDS 0546IC2Wk - Independent Choices Benefit Calculation
 - Acumen Referral form
- Within 10 one week of enrollment into ICP, the following must also be sent to start the direct deposit of the cash benefit:
 - Direct Deposit Request form; and
 - A voided check.

Case manager checklist

- For further information about opening ICP cases see the ICP checklist.

Supports

ICP representatives

- If a participant is unable to direct and purchase his/her own in-home services, the participant must have a representative to act on their

behalf. The “representative” is the person assigned by the participant to act as the participant’s decision maker in matters pertaining to the ICP service plan and service budget.

- An ICP representative cannot be an employee provider regardless of the relationship to the participant. The representative must:
 - Complete a criminal record check and receive a final fitness determination of approval (pass the records check).
- Sign and adhere to the ICP Representative Agreement on behalf of the participant

Fiscal intermediaries: bookkeepers and payroll services

- If a participant does not want or cannot manage some or all the ICP fiscal responsibilities and doesn’t know anyone that could be a representative, the participant must arrange and purchase the ongoing services of a fiscal intermediary (FI), such as an accountant, bookkeeper, or equivalent financial services to handle the fiscal responsibilities. Discretionary funds can be used to pay for these services. CM Tools ICP page where you will find the following tool: Statewide ICP Bookkeeping List.
- Professional bookkeepers, payroll, or accounting service providers do not need to complete a criminal record check because they will only be involved with the fiscal responsibilities of the participant and will not be a part of any aspects of managing the employee.
- The Department has contracted with FI, Acumen. Acumen offers payroll services at no cost to the participant. Acumen’s services are utilized for the participants EVV services, but participants may also choose to utilize their payroll services for free. While payroll services through Acumen are not required (unless it becomes required as a condition of participation in ICP due to a history of misuse of funds) CMs can refer participants who are requesting Acumen services by submitting an Acumen Referral form which is found on the ICP page. The same form is used for EVV only services and for payroll and EVV services.

Employee providers

- Age of ICP providers:
- ICP providers must be 18 years of age or older.
- Criminal history checks for ICP providers:
- ODHS provides a criminal record check at no cost to participants for all potential providers and representatives. However, the ICP participant maintains the ability to decide whether to employ the provider(s) unless the potential provider receives a fitness determination of ineligible. If they receive the determination of ineligible, they cannot be an ICP provider. The potential provider must complete an authorization form to run a criminal record check but can start working before the results are obtained. The applicant or the local office must indicate on the form that this criminal records check is for the ICP. The results are sent to an authorized staff person at the local office.
- The criminal records check is a part of the hiring process for participants as an employee provider. As the employer, it is the responsibility of the participant to assure the employees have had a criminal records check. Once the initial criminal records check has been completed for an employee provider or representative, another criminal records check is not needed unless an employee provider or representative changes or if the participant has an indication of criminal behavior that could pose an immediate risk to the participant. If a homecare worker is also an employee provider for an ICP participant and the homecare worker is up to date on his/her criminal records check, then a new one is not necessary.
- By law, the authorized staff person at the local office cannot share the results of a criminal records check with participants. The local office can only tell participants whether the provider was approved versus passed or failed the criminal records check. Once the CM is told that the potential provider either passed or failed, the CM should narrate the result of the criminal records check in the case.
- Participants may directly ask the applicant if he or she has a criminal record and may ask for specific details. It is up to the applicant to

decide whether to share information and up to the participant to decide if he/she wishes to hire the applicant despite any criminal past or if the applicant chooses not to explain why he/she was not approved in the criminal records check. If the participant gets information from the applicant, the CM may help the participant evaluate the applicant if there is no disclosure of confidential criminal records check information.

- Immigration and ICP providers:
- Participants are responsible to determine if prospective employee providers are eligible to work in the United States.
- ICP provider pay:
- The dollar amount a participant pays the employee provider is determined as part of the hiring process. The participant sets an hourly rate to pay the provider and sets any benefits offered with the job. Participants must have enough funds from the cash benefit to pay the agreed upon wages and cover any benefits offered.
- ICP provider benefits:
- ICP providers are now covered under collective bargaining agreements between the Service Employees International Union, Local 503 OPEU and the Home Care Commission but do not pay union dues. This means that employee providers do not currently receive union benefits such as paid leave, health insurance or set minimum wage.
- If, however, the participant is enrolled with contractor Acumen using their payroll services, the provider may now be eligible for benefits under the Benefit Trust that is administered by Carewell-SEIU503. Please note that these benefits are only potentially available to those providers who work for ICP participants that are using Acumen's payroll and EVV services and not for those who only use the EVV service option without payroll services.
- Staff should direct the employee providers to review the information on www.carewellseiu503.org or call 1-844-503-7348 for further information about these benefits.
- Otherwise, the participant must set and negotiate with his/her provider of choice all the terms of employment including wage rates and hours.

It is advisable that the participant document the terms of employment in a job description or other employment agreement.

- ICP providers are covered by Workers Compensation Insurance. CM must ensure we have a signed Workers Compensation Consent and Agreement form on file (SDS 0353).
- When an employee provider changes or the provider's pay changes, the participant must complete a new ICP-Employee Provider(s) Information Form (SDS 0548) and must also be submitted to the Central Office ICP Coordinator via email at icp.spd@odhsoha.oregon.gov.
- Relatives as ICP providers:
- A participant's relative may be employed as an employee provider if it has already been determined that the relative is not a natural support. If the spouse is the employee provider, the spouse may work outside the home if the participant's needs are still being met. Spouses who wish to be paid providers must also complete a criminal records check.
- The Spousal Pay Program rule, [OAR 411-030-0080](#), does not apply because after natural support is assessed during the initial eligibility determination, the choice of provider is up to the participant and no reduction of self-management is made. CMs should select in-home ICP in the CA/PS2 service plan screen rather than in-home spousal pay.
- If a community spouse is the participant's paid employee provider, the income will need to be diverted. CMs will need to consider the community spouse's income from ICP when calculating how much to divert.
- If spouses are on ICP, the maximum hours for self-management tasks ([OAR 411-030-0070\(3\)\(c\)](#)) applies.
- Representatives working as ICP providers:
- An ICP provider cannot be a participant's ICP representative and the ICP representative cannot be the provider.

ICP cash benefit

Overview

- The cash benefit is determined based on the service assessment which considers the assessed needs, maximum hours of in-home service for that need level, and natural supports. The primary use of the cash benefit must be to pay the wages of the employee provider(s) and set aside the employer's taxes for the participant's employee provider(s).

Calculation

- The cash benefit is calculated by multiplying the authorized activities of daily living (ADLs) task hours and self-management instrumental activities of daily living (IADLs) task hours the participant is eligible for as determined in the CA/PS2 assessment (after considering natural supports), by:
 - The ADL rate for ADL hours; and
 - The hourly IADL rate for IADL hours, according to the APD rate schedule.

Exclusions from the cash benefit calculations

- The following services which are approved by the CM and are paid for by the Department are excluded from the ICP cash benefit and may be authorized using the standard referral and authorization process:
 - Long Term Care Community Nursing (LTCCN)
 - Contracted community transportation
 - Medicaid home delivered meals (HDM)
 - Emergency response systems (ERS) are excluded from the ICP cash benefit.
- The services listed above may not be cashed out. ICP participants are eligible for these services but must be paid through the standard process.
- ICP participants are not eligible to receive Department paid Adult Day Services (ADS). The ICP cash benefit may not be used to purchase services from an ADS provider or a licensed care setting.

Establishment of ICP checking account

- Participants must set up a separate checking account solely for their ICP cash benefit and service costs. This account can ONLY be used for ICP. The monthly cash benefit must be directly deposited into the ICP checking account and payments for the provider's wages should be made via a check out of the account, so it is easier for the CM to verify what each payment is for. No other money can be deposited into this account. This is the account that the participant must use to pay for the items listed on the ICP Budget Worksheet.
- If the ICP participant has enrolled with Acumen using their payroll services, Acumen will withdrawal the entire monthly budget from the ICP checking account on the seventh of each month. The participant should not remove any of the ICP funds from the ICP checking account. Removal of funds from the ICP checking account which result in a non-sufficient fund incident may result in disenrollment from the ICP (see OAR [411-030-0100\(4\)\(b\)\(F\)](#)).

Taxes (FICA, FUTA, SUTA) and Workers' Benefit Fund (WBF)

- The cash benefit includes the employer's portion of the required Federal Insurance Contributions Act (FICA), the Federal Unemployment Tax Act (FUTA), the State Unemployment Tax Act (SUTA) taxes and the Workers Benefit Fund (WBF) and is included in the participant's cash benefit.
- If the ICP participant is told due to the relationship to their provider, that they do not have to pay their employer's portion of the taxes, that money can be used to purchase additional in-home hours, to pay the provider(s) more per hour or may be set aside to be used as contingency or discretionary funds.
- Some tax exemptions may be permissible. Participants should contact the [Internal Revenue Service](#) (IRS), Employment Department or a tax professional for information. APD/AAA staff should not provide tax advice to participants and should suggest that the participant or their representative contact a payroll or tax professional.

When an ICP participant passes away

- If or when a participant passes away or their ICP benefit ends, the participant or their representative should return any unused ICP monies to the local office. These monies should be receipted in using the “Reduction of expense” code 172. The participant’s check or money order must include the participant’s prime number. If a participant is repaying back money issued in error, this is done the same way.

Direct deposit

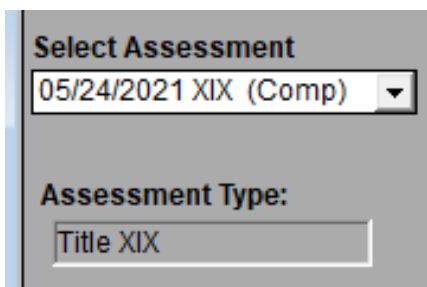
- All participants must have their ICP cash benefit deposited directly into their ICP checking account. This account must be separated from other bank accounts and should be used for ICP transactions only.
- The information that needs to be completed on the request for direct deposit found on the ICP page on the CM Tools website, pertains to the participant and the participant must sign the form. The boxes at the top right corner of the direct deposit form must be completed by the CM. The participant’s name and the representative’s name, if applicable, must appear on the checks.
- The CM must send the original direct deposit request form and an original voided check to the address on the form for direct deposit to be established. The CM or local office staff may not keep a copy including any electronic file of the direct deposit form and voided check.
- If any bank information changes, such as the participant wishes to switch banks, or a representative is added or removed from the ICP account, the participant must inform the CM of these changes. The participant must complete the same direct deposit process again (submit a new original direct deposit request form and original voided check). The CM needs to narrate the change in the OA narration.
- If a participant is disenrolled from ICP or passes away, the CM must inform the ICP Coordinator as soon as possible at icp.spd@odhsoha.oregon.gov. The CM should include the reason for disenrollment, the date of disenrollment, and the participant’s name

and prime number.

- In addition, if a participant is disenrolled from ICP or passes away, any monies that remain in the ICP checking account must be returned to the local office and receipted in within 30 days using Reduction of Expense code 172. If someone can access the account, the check should be made payable to ADP. However, if there is no one who has access to the account, the money should be left in the account and should not be touched. The CM should narrate the existence of the account, including the fact that it is for ICP so the EAU may recover the funds.

Issuing ICP benefits – benefit in OA and payment set-up

- A cash benefit is considered issued and received by the participant when the direct deposit is made to the participant's ICP checking account or a benefit check is received by the participant. Money is usually deposited into the ICP checking account as follows:
 - If the first falls on a weekend or a holiday, the direct deposits are deposited on the previous business day.
 - If the first falls on a weekday (non-holiday), then the funds are available that day.
- Benefit in OA –
 - A full Title XIX CA/PS assessment must be completed, and the individual must meet SPL 1-13.

A screenshot of a software interface. At the top, it says "Select Assessment". Below that is a dropdown menu showing "05/24/2021 XIX (Comp)". Below the dropdown, it says "Assessment Type:" followed by a text box containing "Title XIX".

Select Assessment

05/24/2021 XIX (Comp)

Assessment Type:

Title XIX

- Select ICP in the Service Category/Benefit in the Benefits Segment.
- The pay date for regular in-home services will be set for the last day of a pay period. For ICP you must change the Benefit end date to be the last day of the month for the prior month. For example, the Pay Date is 6/4/22. You must change the Benefit end date to 5/31/22.

- The Hours Segment begin, and end dates should match the begin and end dates of the Benefit Segment.
- Select Cash Out Hourly in the Services for Plan Segment. The begin and end dates must be within the date period of the Benefit Segment.

Benefit Eligibility and Service Planning

Assmt Date: 05/24/21 Valid Until: 05/31/22 Pay Date: 06/04/22

Benefits Ben Act

Service Category/Benefit	Begin Date	End Date	Status
ICP	06/01/2021	05/31/2022	Approved

Hours Segments

Hours #	Begin Date	End Date	Status	Alwd	Excp	View Dtl
1	06/01/2021	05/31/2022	Approved	103	49	Hrs Act

Plans For ICP Benefit (Read Only)

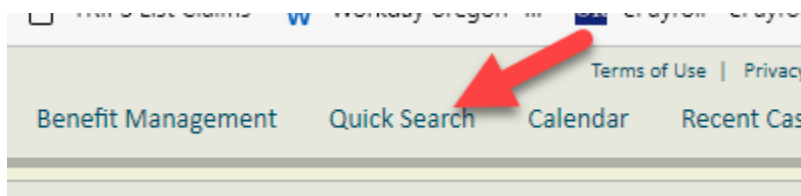
Plan #	Begin Date	End Date	Status
1	06/01/2021	05/31/2022	Approved

Services For Plan #1 Pln Act

Row #	Services	Provider Name	Begin Date	End Date	Invalid Entry
1	Cash Out Hourly (OR001)	INDEPENDENT CHOICES	06/01/2021	05/31/2022	☐

Approving the ICP cash benefit in ONE

- Click on Quick Search



- Click Prime #

Case Individual EDG Application Resource Assessment Prime #

Case #

SSN

Application #



- Enter the participant's Prime # and click Search

Case Individual EDG Application Resource Assessment Prime #

Prime #

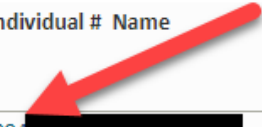


- Click on the Individual's number in the Search Results panel

Search Results

Your search returned 1 result < Prev **1** Next >

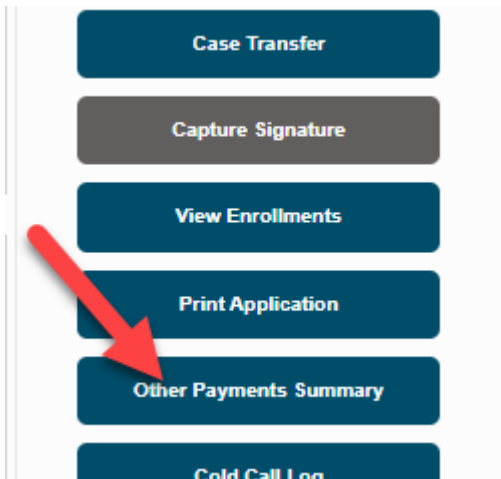
Individual #	Name	Preferred Name	Person #	Prime #	Date Of Birth	SSN	Tag	Case/ Application #	Source CORE/F
804							LTC		ONE



- ICP participants must have one of the two Categories of Assistance (AKA ToA) LTCSERV or NMAGISERV. If they do, click on the 'Case #' of the current ToA. If the consumer does not have one of these two ToAs, you must have their eligibility re-run and if they are still not eligible for one of these two ToAs then they are not eligible to participate in ICP.

Benefit Details				
Case #	Category of Assistance	EDG Status	Authorization Date	Renewal Date
40 [REDACTED]	SNAP	Denied	09/20/2021	03/31/2021
40 [REDACTED]	LTCSESV	Denied	07/06/2021	
40 [REDACTED]	NMAGISERV	Approved	05/01/2022	09/30/2022
40 [REDACTED]	PTCC	Approved	05/01/2022	09/30/2022

- If they do not have one of these two TOAs, the CM must have an eligibility worker confirm the individual's OSIPM eligibility. If they are OSIPM eligible a Post it Note must be added to their ONE case. If they are not OSIPM eligible, then they are not eligible to participate in ICP.
- Click on 'Other Payments Summary'.



- You must make sure there are no current ICP payment lines before adding a new payment. If there is, you must end the current payment line before adding the new payment.

< Previous

Save

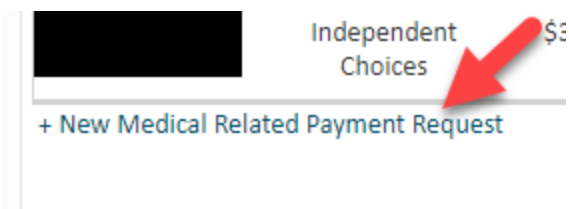
Next >

Medical Related Payments Request

☐ View Inactive Records

For actual payment details information, please see the Benefit Details screen.

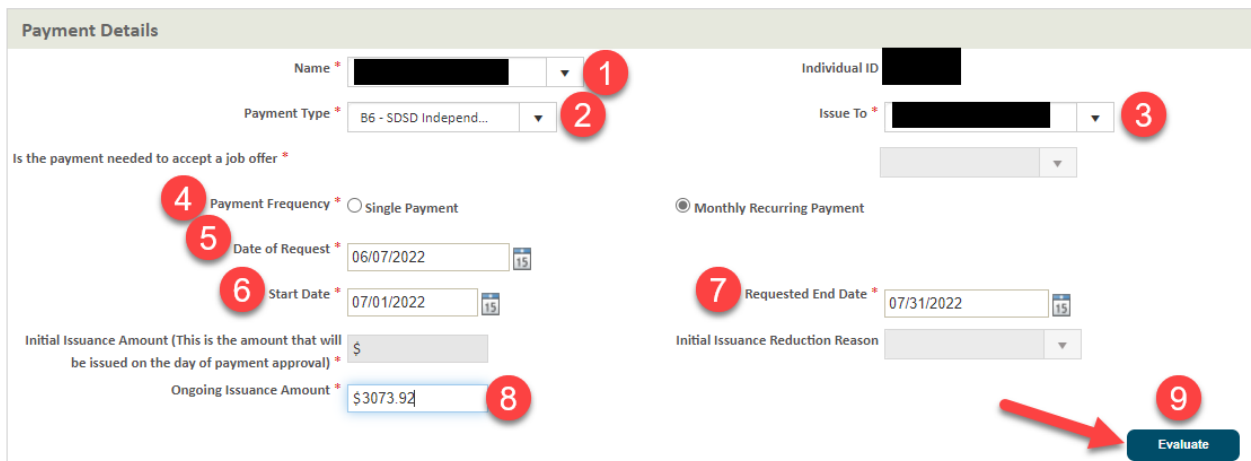
Individual Name	Payment Type	Amount	Recurring	Request Status	Authorized?	Start Date ▾	Requested End Date	Actual End Date	Actions
	B6 - SDDS Independent Choices	\$3073.92	Yes	Discontinued	Yes	01/01/2022	06/30/2022	06/30/2022	
	B6 - SDDS Independent Choices	\$2962.74	Yes	Discontinued	Yes	11/01/2021	12/31/2021		



Independent Choices

+ New Medical Related Payment Request

- 1=Name: Select the ICP participant's name
- 2=Payment Type: Select B6 for SDS Independent Choices Program payments
- 3=Issue To: Select the ICP participant's name
- 4=Payment Frequency: Select the payment frequency
- When entered a one-time payment that is future effective, you must select 'Monthly Recurring Payment' and enter the start and end date for the single month
- 5=Date of Request: This must always be the current date
- 6=Start Date: Enter the ICP payment start date
- 7=Requested End Date: Enter the ICP payment end date
- 8=Ongoing Issuance Amount: Enter the amount of the ICP payment
- 9=Click 'Evaluate'



Payment Details

Name * [Redacted] 1

Individual ID [Redacted]

Payment Type * B6 - SDSD Independ... 2

Issue To * [Redacted] 3

Is the payment needed to accept a job offer *

4 Payment Frequency * ☐ Single Payment ☒ Monthly Recurring Payment

5 Date of Request * 06/07/2022 15

6 Start Date * 07/01/2022 15

7 Requested End Date * 07/31/2022 15

Initial Issuance Amount (This is the amount that will be issued on the day of payment approval) * \$

Ongoing Issuance Amount * \$3073.92 8

Initial Issuance Reduction Reason

9 Evaluate

- If you receive the message below, you then need to click 'Next' twice. If you receive an error message you must address the issue indicated on the error message.



< Previous Next >

Please navigate to the next screen and click on Submit to authorize the changes.

- If eligibility is approved, you will see this 'Eligibility is approved'

Payment Evaluation							
Month	Authorized?	Request Status	Amount	View RFI	Notice Reason	Overridden?	Override
July 2022	No	Approved	\$3073.92	View RFI Details	Eligibility is approved	No	Override

- < Previous

Save

Next >

Medical Related Payments Request

☐ View Inactive Records

For actual payment details information, please see the Benefit Details screen.

Individual Name	Payment Type	Amount	Recurring	Request Status	Authorized?	Start Date	Requested End Date	Actual End Date	Actions
	B6 - SDSD Independent Choices	\$3073.92	Yes	Approved	Yes	07/01/2022	07/31/2022		 

- From the MRP screen in ONE, click on the pencil under the 'Actions' column for the payment line you need to end.

Medical Related Payments Request							☐ View Inactive Records		
For actual payment details information, please see the Benefit Details screen.									
Individual Name	Payment Type	Amount	Recurring	Request Status	Authorized?	Start Date ▾	Requested End Date	Actual End Date	Actions
██████████	B6 - SDSD Independent Choices	\$1650.16	Yes	Approved	Yes	02/01/2022	11/30/2022		
██████████	B6 - SDSD Independent Choices	\$85.88	Yes	Discontinued	Yes	01/01/2022	01/31/2022	01/31/2022	

Payment Details

Name * Individual ID

Payment Type * B6 - S... Issue To *

Is the payment needed to accept a job offer *

Payment Frequency * ☐ Single Payment ☒ Monthly Recurring Payment

Date of Request * 01/03/2022

Start Date * 02/01/2022

Requested End Date * 11/30/2022

Initial Issuance Amount (This is the amount that will be issued) \$1650.16

Initial Issuance Reduction Reason

Change end date here

- Once you've entered the new end date, click 'Evaluate.'

Date of Request * 01/03/2022

Start Date * 02/01/2022

Requested End Date * 06/30/2022

Initial Issuance Amount (This is the amount that will be issued on the day of payment approval) * \$1650.16

Ongoing Issuance Amount * \$1650.16

Initial Issuance Reduction Reason

Evaluate

- On the next screen, click 'Next.'

Payment Request

< Previous Next >

Please navigate to the next screen and click on Submit to authorize the changes.

Name * Individual ID

Payment Type * B6 - S... Issue To *

Is the payment needed to accept a job offer *

- On the next screen, click 'Submit.'

Payment Details  Previous

Submit

Payee Details

Client Name Authorized Payee Issuance Type ▼Vendor Name Two Party Check Type ▼

- On this screen, you must verify the end date is the date you intended. It is important that you verify the 'Authorized' indicator is 'Yes' to confirm the action you just took was authorized. If it says 'No' then it did not save, and the payment will continue.

Other Payments Summary

< Previous

Save

Next >

Medical Related Payments Request

☐ View Inactive Records

For actual payment details information, please see the Benefit Details screen.

Individual Name	Payment Type	Amount	Recurring	Request Status	Authorized?	Start Date ▼	Requested End Date	Actual End Date	Action
	B6 - SDSD Independent Choices	\$1650.16	Yes	Discontinued	Yes	02/01/2022	06/30/2022	06/30/2022	
	B6 - SDSD Independent	\$85.88	Yes	Discontinued	Yes	01/01/2022	01/31/2022	01/31/2022	

Changing an ICP cash payment in ONE

- To change an ICP cash benefit, you must first end the current payment (see instructions above). Once you have ended the current payment, you must then go through the steps for adding a new ICP cash benefit (see instructions above).

Overdrafts in the ICP participant's ICP checking account

- The month in which the direct deposit or benefit check is received is the

month in which the services are to occur. The participant must confirm enough money is in the ICP bank account before the money is used to pay a provider(s). APD/AAA will not pay for overdraft charges. The first month's benefit will always be a check not direct deposit.

Interruption of services

- When a participant is absent from the home longer than 30 days due to illness or medical treatment, the CM must contact the APD Central Office ICP Coordinator at icp.spd@odhsoha.oregon.gov for information about completing a Notice of Interruption of Services. This situation is not considered a disenrollment. ICP and cash benefits may resume upon returning home with no disqualification period, providing ICP eligibility criteria is met. The CM must again contact the ICP Coordinator at icp.spd@odhsoha.oregon.gov to report that the participant has returned home and whether or not they will resume ICP or switch to a different care setting or service program.
- Upon the participant's return home, the CM must complete a home visit and explore the need for a re-assessment if service needs have changed based on the recent illness or medical condition. If a new assessment is completed, the cash benefit total may change if the participant qualifies for a different amount of service than previously. The CM must send notice to the participant any time the cash benefit changes.
- Closing ICP cash benefits in ONE related to an interruption of services. See 'Ending an ICP Cash Benefit in ONE' section above for step-by-step instruction.

ICP and other programs

Overview

- The cash benefit is exempt from resource calculations for other DHS programs only when the ICP bank account is not commingled with other personal funds. However, CMs and participants should be made

aware that the Social Security Administration (SSA) is not aware that the account is used for ICP and may consider the account as a resource. Therefore, it is recommended that the funds be spent each month or as soon as possible if funds are being saved for a contingency fund.

- The cash benefit is not subject to assignment, transfer, garnishment, or levy if it can be identified as a program benefit and is separate from other money in the participant's possession.

SNAP

- The cash benefit issued to participants is unearned income for SNAP, except for any cash allocated to a contingency fund which is counted as resources per [OAR 461-145-0410](#). The participant can use the amount paid for the employee provider as a medical deduction, i.e., wages and taxes. Participants who employ their spouse or other member of their filing group are not entitled to deduct this cost as a medical deduction. Money exchanged between filing group members is not counted as income or as a deduction. Case Managements Tools ICP page where you will find the following tool: ICP and the SNAP Program.
- Examples of how ICP benefits/income affect SNAP:
- Joe and provider Barbara (live in the same household): Joe receives \$2,500 ICP benefit each month. He pays \$2,300 to Barbara for his care needs each month and is saving the remaining \$200 for a contingency fund item. For SNAP you would count \$200 unearned income for Joe and \$2,300 earned income for Barbara. Joe may not use the money paid to Barbara as a medical deduction for SNAP. Once Joe spends the accumulated contingency funds, you may allow that money as a one-time medical deduction on the SNAP case.
- Jane and provider Gary (do not live in the same household): Jane receives \$3,000 ICP benefit each month. She pays \$3,000 to Gary for her care needs each month. For SNAP you would count \$3,000 unearned income for Jane but would offset that income by allowing the \$3,000 payment to her provider as a monthly medical deduction on her SNAP case.

Employed Persons with Disabilities (EPD)

- Participants of EPD may also participate in the ICP if they meet all eligibility criteria for both programs.

Service budget

Overview

- The service budget is a required component of the ICP service plan. A service plan and budget need to be developed by the participant with the assistance of the CM to meet the participant's needs identified in the assessment. The CM must review and prior approve the service plan and budget before the first ICP cash benefit is issued.
- The service budget must:
 - Identify the cash benefit.
 - Describe the discretionary and contingency funds, if applicable.
 - State the total wages to an employee provider(s).
 - Include all other expenditures.
 - Show that the total monthly expenditure(s) equals the monthly cash benefit minus any contingency fund money being held over to future months.
- May not exceed the total cash benefit including the sum of all costs listed on the ICP Budget Worksheet.
- Documenting these items is best accomplished using the ICP Budget Worksheet. It is recommended that CMs use the digital version of the Budget Worksheet as the form does the calculation for you as the dollar amounts are entered into the form.
- Participants may amend the service budget if the amendments relate to their service needs and are within ICP guidelines. The participant must keep track of the changes so that the participant can show the changes are allowable. The participant does not need to notify the CM of all budget changes at the time of the change but must report and show records at the next six-month budget review. The participant's

service budget responsibilities are described in the Participation Agreement.

- The participant must complete an ICP Budget Worksheet to ensure they are spending all their ICP cash benefit. CM Independent Choices page where you will find the following tool: Completed Budget Worksheet – Sample.
- The CM must review the budget **no less than every six months** to assure the participant's financial accountability and to review any budget amendments. The items to be reviewed include:
 - Checkbook register
 - Budget worksheet
 - Bank statements
- Payroll records
- W2s should be reviewed yearly. The CM must narrate the financial information reviewed in detail. Case Managements Tools ICP page where you will find the Six-Month Budget Review Checklist. This form is not required and is only intended to be used as a tool for CMs who are still learning and/or are unsure of the budget review steps and requirements.

Contingency funds

- A contingency fund may be established in the service budget to purchase identified items that substitute for personal assistance and allow for greater independence that are not otherwise covered by Medicare, other Medicaid programs, other medical coverage, or SNAP. Prior to establishing a contingency fund from the cash benefit, participants must assure all the assessed service needs are being met. The participant must also assure service budget items have been fiscally managed. Contingency funds are excluded from income for OSIPM consumer in nonstandard living arrangements, [OAR 461-145-0410](#).
- The contingency fund must be related to service plan needs, approved by the CM, and identified in the service budget. Contingency funds may accumulate until the item is purchased. Once the item is purchased, the budgeted item will be removed from the ICP Budget Worksheet.

- Examples of items that could be purchased with contingency funds are:
 - Microwave oven
 - Accessible washer and dryer
 - Accessibility ramp for the home
 - Wheelchair lifts for a van
- Talking clock

Discretionary funds

- The participant may establish a monthly discretionary fund in the service budget to purchase items that directly relate to the health, safety, and independence of the participant and are not otherwise covered under waived services or delineated elsewhere in the monthly service budget. Discretionary funds may be established out of any remaining funds in the service budget after funds have been allocated to meet all assessed needs. Participants must also assure service budget items are fiscally managed.
- The maximum amount of discretionary funds in the budget may be up to 10% of the amount authorized on the ICP benefit calculation, SDS 0546IC2Wk, (not including the employee taxes). The discretionary fund must be approved by the CM, identified in the service budget, and related to service plan needs. Discretionary funds must be used by the end of each month.
- Examples of items that may be purchased with discretionary funds are:
 - Prescriptions
 - Medical co-pays
 - Veterinary care for assistance animals
 - Food for assistance animals
 - Yard care
 - Household insurance
 - ICP checking account checks
- Discretionary funds may be used to pay home or rental insurance and property taxes after ruling out other resources such as tax deferrals for seniors, community resources, and natural supports.
- Discretionary funds are not an income supplement and may not be

used for usual expenses such as housing, vehicles, or food. Other programs and services should be explored to meet needs in these areas. Examples of items that may **not** be purchased with discretionary funds are:

- Food/groceries-including organic food
- Vitamins
- Rent or housing payments
- Vehicle payments

Disenrollment

Overview

- ICP participants may be disenrolled from ICP voluntarily or involuntarily.
- Participants who are disenrolled from ICP due to rule violations or due to their inability to manage their consumer-employer responsibilities may not reapply for six months.
 - Participants who are disenrolled due to their inability to manage their consumer-employer responsibilities may reapply before the six-month disqualification period ends, if the situation has been mitigated through training, or an ICP Representative has been appointed to manage their consumer-employer responsibilities on their behalf.
- After the six-month disqualification period, the participant may reapply for ICP but must first meet all ICP eligibility requirements. CMs must narrate in OA the date of disenrollment to document when the disenrollment period begins and ends
- As a reminder, participants whose benefits are interrupted due to illness or medical treatment, are not subject to the six-month disqualification period and the CM may resume their ICP payment upon returning home, providing ICP eligibility criteria is met.

Voluntary disenrollment

- ICP participants or representatives must provide notice to APD/AAA of intent to discontinue participation in the ICP. The participant or the representative must meet with APD/AAA to reconcile remaining ICP cash benefits either within 30 days of the date of disenrollment or before the termination date, whichever is sooner.
- If the participant does not sign a 457D Voluntary Agree to Take Action to end their ICP payment/enrollment, the CM must send a 540ICP Notice of ICP Payment Ending indicating the voluntary disenrollment. In either situation, the CM should send a copy of the notice (457D or the 540ICP) via email to the ICP coordinator at icp.spd@odhsoha.oregon.gov.

Involuntary disenrollment

- ICP participants may be involuntarily disenrolled from ICP when the participant, representative, or employee provider does not adequately meet the participant's service needs or carry out the following ICP responsibilities ([OAR 411-030-0100\(4\)](#)):
 - Non-payment of employees' wages, as stated in the service budget.
 - Failure to maintain health and well-being by obtaining personal care as evidenced by:
 - ✓ Decline in functional status due to the failure to meet the participant's needs; or
 - ✓ Substantiated complaints of self-neglect or neglect or other abuse by the employee provider(s) or representative.
 - Failure to purchase services and goods according to the service plan.
 - Failure to comply with the legal or financial obligations as an employer.
 - Failure to maintain a separate ICP checking account or commingling ICP cash benefit with other assets.
 - Inability to manage the cash benefit as evidenced by two or more

- incidents of overdrafts of the participant's ICP checking account during the last cash benefit review period.
- Failure to maintain an individualized back-up plan (as part of the service plan) resulting in a negative consequence.
- Failure to sign or follow the ICP Participant Agreement.
- Failure to select a representative within 30 days if a participant needs a representative and does not have one.
- Failure to meet requirement for EVV federal compliance on behalf of the participant or the provider.
- Failure to complete enrollment with the State contracted EVV provider.
- Failure to provide any required forms necessary to establish and maintain eligibility for ICP.
 - ✓ The participant must submit the required ICP Employee-Provider Information form, each time an employee-provider is:
 1. Is hired
 2. Is fired
 3. Quits
 4. Is given an increase or a decrease in their agreed upon hourly rate of pay
 5. Stops working for the participant for any reason not listed
- The participant is required to request or demand that an ICP provider return any of the funds to the recipient when the services paid for were not delivered.
- Misuse of ICP cash funds.
 - ✓ Participants who are disenrolled from ICP due to misuse of ICP cash funds are subject to permanent exclusion from participating in ICP.
- Before disenrollment, CMs must work with the participant to resolve the issues that jeopardize continuation in the ICP and document these efforts in OA.
- At disenrollment, CMs must work with participants on a transition plan

to other Medicaid services programs, if the participant remains Medicaid service eligible. The CM must send the participant appropriate notices for all adverse actions.

- The CM must send a 540ICP Notice of ICP Payment Ending indicating the voluntary disenrollment via email to the ICP Coordinator at icp.spd@odhsoha.oregon.gov. CMs may refer to APD Worker Guide Decision Notice Preparation Tips for additional language that may be needed to support the decision.
- When a participant is disenrolled from the ICP, the CM must send an email to the APD Central Office ICP Coordinator explaining that the participant will be disenrolled from the ICP, the effective date of disenrollment, and the reason for disenrollment. Also, the CM must let the consumer, or their representative know that any unused ICP monies must be returned to local office and receipted in using the "Reduction of expense" code 172.

Hearing requests

- Per [OAR 461-025-0310](#), ICP participants may request a hearing if they are terminated from the ICP or if he/she disagrees with the calculation of the cash benefit or with the results of re-assessments. Individuals wishing to participate in ICP who are denied may also request a hearing on the service denial.
- Resource: [Administrative Hearing Request form \(DHS 0443\)](#).

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You can get this letter in other languages, large print, braille, or a format you prefer for free. Contact ODHS at apd.ltss@odhsoha.oregon.gov or at **503-945-5811 (voice/text)**. We accept all relay calls.



Aging and People with Disabilities

Medicaid Services and Supports

500 Summer St. NE, E10

Salem OR 97301-1076

Phone number: 503-945-5811

Email: icp.spd@odhsoha.oregon.gov

www.oregon.gov/odhs/pages/default.aspx